

EHDI-MS 2016 Conference

March 24, 2016

Attendee Registration Form

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Please indicate your role (all that apply):

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Families | <input type="checkbox"/> IHL/Faculty | <input type="checkbox"/> Advocates | <input type="checkbox"/> Early Interventionists |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> K-12 Schools | <input type="checkbox"/> Health Depts | <input type="checkbox"/> State/Local Agencies |
| <input type="checkbox"/> ENTs | <input type="checkbox"/> Pediatricians | <input type="checkbox"/> Audiologists | <input type="checkbox"/> Medical Providers |
| <input type="checkbox"/> Students | <input type="checkbox"/> Interpreters | <input type="checkbox"/> Deaf Educators | <input type="checkbox"/> Oral Interventionists |
| <input type="checkbox"/> Hospitals/Birthing Centers | | <input type="checkbox"/> Midwives/Doulas | |
| <input type="checkbox"/> Other: _____ | | | |

To be included in the luncheon, please complete your registration form and return by March 17, 2016.

By Mail:

Mississippi State Department of Health
EHDI-MS program
570 East Woodrow Wilson, O-204
Post Office Box 1700
Jackson, MS 39215

By Email:

Jeanette.Straughter@msdh.ms.gov

If you have any questions or need further information, please contact 601-576-7427.

Thank you for your participation!